

Human Services Reporting System (HSRS)

Uses of Birth to 3 Program HSRS reports:

- ✓ Data reporting to the federal Office of Special Education Programs (OSEP)
- ✓ Data for budget and service planning
- ✓ MA enhanced rate reimbursement
- ✓ Possibly for allocation of Birth to 3 funds to counties

Opening the Module:

- Birth to 3 Program Module should not be opened until after eligibility is determined and IFSP has been developed.
- Children in evaluation status may be opened in CORE as is preferred in your county.
- Must close CORE and open the Birth to 3 Program module.
- Start date is IFSP date

Updating the Module:

- The data at the end of each quarter (March 30, June 30, September 30, December 30) must accurately reflect current information about all children in the county system, active or closed.
- Update the child's information as necessary to reflect changes in services, locations, and/or client characteristics.
- All children with IFSPs in place on 12/1 must be entered by December 30, or by the last state business day--e.g., this year 12/28/01.
- A monthly report (L500) may be requested. Use this report to verify that children have been entered or closed in HSRS and to confirm the current information.

Tracking (a.k.a. monitoring) of children who previously received early intervention services:

- Children may be in this status for no longer than six months
- MA service coordination standards apply to all these children
 - ✓ Monthly contact with the parents or collateral contact
 - ✓ Face to face contact with parents at 3 months
 - ✓ Assessment no later than 6 months, preferably at 3 months
 - ✓ IFSP review at 6 months to determine whether services are needed or discharge is appropriate
 - ✓ Transition planning

The HSRS reports that are used for the federal child count currently eliminate children who do not have any services listed. Starting with the December 2002 count, the report will also filter out children with service coordination only. However, we will include these children in our state reports.

Other Notes:

- Skip the Social Security Number field, rather than entering invented numbers
- Update client characteristics as diagnosis is received. This is especially important for children who are deaf or hard of hearing. (The department will likely create another tracking system for children coming through UNHS if our reporting system is not effective.)
- The module was revised in January 2001. New optional fields added (referral date, referral source, and for additional locations of services). Revised Birth to 3 Program module form (DSL 881) and desk card (DSL 881 I) is needed.
- The **start date** (Field 13) is the date of the initial IFSP. You may enter a start date for an Interim IFSP, as long as some of the services have started.
- You may use a **service start date** in the service area (screen 69) that precedes the **start date** in Field 13. However, the **service end date** cannot be later than the **closing date** in Field 14.
- The services listed should those on the child's most recent IFSP.
 - Even if a service, such as audiology, occurs once during the period of the IFSP, it may be placed on the HSRS module. If it is removed from the IFSP at a subsequent IFSP, remove the service from the HSRS module.
 - Services (e.g., assistive technology and family education and counseling) need not be named as such on the IFSP. If the IFSP lists activities and supports that are seen as "belonging" to an early intervention service, you may include them in the Service section (Screen 69) of the module.